
11. Physical Therapy and Related Services

a. Physical Therapy (Limitations apply to both categories)

Coverage is limited to the provision of such services when (1) provided to inpatients of acute participating hospitals and nursing facilities as part of an approved plan of treatment or (2) when provided through participating home health agencies or hospital outpatient departments.

b. Occupational Therapy (Limitations apply to both categories)

Coverage is limited to the provision of such services through a participating home health agency, or when provided to patients in nursing facilities as part of an approved plan of treatment.

c. Services of Individuals with Speech, Hearing and Language Disorders--
Provided by or under supervision of a speech pathologist or audiologist
(Limitations apply to both categories)

(1) Speech Disorders

Coverage is limited to the provision of such services when (1) provided to inpatients of acute participating hospitals and nursing facilities or (2) when provided through participating home health agencies or in hospital outpatient departments.

Prosthetic Services (continued)

Orthopedic shoes not attached to braces may be provided as medically necessary, subject to prior authorization.

TN No. 90-19

Supersedes

PN No. None

Approval Date 4-21-92

Effective Date 7-1-90

13. Other diagnostic, screening, preventive and rehabilitative services other than those provided elsewhere in this plan. } e.

a, b, c, and d. Such services are covered only when provided by mental health centers, primary care centers, and other qualified providers, licensed in accordance with applicable state laws and regulations. Reimbursement for services under this authority will not be made when delivered in a long-term care environment as such services are reimbursable as a routine cost to the institution.

14.b. Nursing Facility Services for Individuals Age 65 or Older in
and Institutions for Mental Diseases.

c.

A. Definitions:

1. "High intensity nursing care services" means care provided to Medicaid eligible individuals who meet high intensity patient status criteria which shall be equivalent to skilled nursing care standards under Medicare.
2. "Low intensity nursing care services" means care provided to Medicaid eligible individuals who meet low intensity patient status criteria which shall be equivalent to the former intermediate care patient status standards.
3. "Intermediate care for the mentally retarded and persons with related conditions services" means care provided to Medicaid eligible individuals who meet ICF-MR patient status criteria by ICF-MRs participating in the Medicaid Program.

B. Services:

Program benefits are limited to eligible recipients who require nursing facility care services meeting the above definitions. These services must be preauthorized and must be reevaluated every six (6) months. If the reevaluation of care needs reveals that the patient no longer requires high intensity, low intensity, or intermediate care for the mentally retarded services and payment is no longer appropriate in the facility, payment shall continue for ten (10) days to permit orderly discharge or transfer to an appropriate level of care.

All individuals receiving nursing facility care must be provided care in appropriately certified beds.

The following services are payable by the Medicaid Program when they are medically necessary and ordered by the attending physician. The facilities may not charge the Medicaid recipient for these services. (Also see Attachment 4.19-D Exhibit B for a detailed explanation of each service or item.)

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- (1) Routine services include a regular room (if the attending physician orders a private room, the facility cannot charge the family or responsible party any difference in private/semi-private room charges; the facility enters their charges for a private room when billing Medicaid), dietary services and supplements, medical social services, nursing services, the use of equipment and facilities, medical and surgical supplies, podiatry services, items which are furnished routinely and relatively uniformly to all patients, prosthetic devices, and laundry services (including laundry services for personal clothing which is the normal wearing apparel in the facility).
 - (2) Ancillary services are those for which a separate charge is customarily made. They include physical therapy, occupational therapy, speech therapy, laboratory procedures, x-ray, oxygen and oxygen supplies, respiratory therapy, and ventilator therapy.

TN # 90-36
Supersedes
TN # 89-20

Approval **NOV 14 1994** Effective
Date _____ Date 10-1-90

The following services are payable by the Medicaid Program for 15.a. ~~and~~ ~~15.b.~~ above when they are medically necessary and ordered by the attending physician. The facilities may not charge the Medicaid recipient for these services. (Also see Attachment 4.19-D Exhibit B for a detailed explanation of each service or item.)

- (1) Routine services include a regular room (if the attending physician orders a private room, the facility cannot charge the family or responsible party any difference in private/semi-private room charges; the facility enters their charges for a private room when billing Medicaid), dietary services and supplements, medical social services, nursing services, the use of equipment and facilities, medical and surgical supplies, podiatry services, items which are furnished routinely and relatively uniformly to all patients, prosthetic devices, and laundry services (including laundry services for personal clothing which is the normal wearing apparel in the facility).
- (2) Ancillary services are those for which a separate charge is customarily made. They include physical therapy, occupational therapy, speech therapy, laboratory procedures, X-ray, oxygen and oxygen supplies, respiratory therapy, and ventilator therapy.

TN # 90-36
Supersedes
TN # 89-20

Approval **NOV 14 1994**
Date _____

Effective
Date 10-1-90

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16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age

The following limitations are applicable for inpatient psychiatric facility services for individuals under 21 years of age (or under 22 years of age if an inpatient in the facility on the individual's 21st birthday):

- (1) Program benefits are limited to eligible recipients who require inpatient psychiatric facility services on a continuous basis as a result of a severe mental or psychiatric illness (including severe emotional disturbances) as shown in ICD-9-CM. ~~(except as~~ ⁹⁻¹¹⁻⁹¹ ~~further excluded in item 3, below)~~ ^(P.O.I. - HCFA) Services shall not be covered if appropriate alternative services are available in the community. Services must be preauthorized and reevaluated at thirty day intervals.
- (2) Services may be provided in a psychiatric hospital; or in a licensed psychiatric residential treatment facility which meets the requirements of 42 CFR 441 Subpart D.

TN No. 90-32

Supersedes

TN No. NoneApproval Date 9/11/91Effective Date 11-1-90

2/19/89
~~change~~ per + ink change
per Anita Moore
Pat Pearson

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18. Hospice Limitation

The following hospice limitation is applicable: A Medicaid eligible individual who wishes to elect coverage under Medicaid for hospice care and who is eligible for hospice care under Medicare, must elect coverage under both programs for coverage to exist under Medicaid.

TN # 89-1
Supersedes
TN # 86-7

Approved Date JAN 23 1989
Received 1/13/89

Effective Date 1-1-89

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24. Any other medical care and any other type of remedial care recognized under the state law, specified by the Secretary.

A. Transportation

1. Ambulance Services.

(1) Emergency ambulance services shall be provided without preauthorization to and from the nearest hospital emergency room or appropriate medical facility or provider. A statement that the Medicaid recipient received emergency services shall be obtained from the medical personnel of the facility which treated the recipient.

(2) Nonemergency ambulance services to a hospital, clinic, physician's office or other health facility shall be provided if preauthorized. If the Department for Social Insurance local office is closed, the nonemergency ambulance service shall be postauthorized. Preauthorization and postauthorization shall be performed by the Department for Medicaid Services or its authorized representative utilizing criteria shown in Items 2. and 3.

2. Locally Authorized Medical Transportation.

(1) A transportation preauthorization system administered at each local Department for Social Insurance Office shall provide for preauthorized nonemergency transportation approvals, including nonemergency ambulance services, limited to the provision of the services under the following conditions:

(a) the recipient shall be traveling to or from a Medicaid covered service under the state plan, exclusive of pharmaceutical services;

(b) the service shall be determined to be medically necessary;

(c) payment for transportation shall be necessary to ensure that the medical service is secured;

(d) failure to pay for transportation results in a hardship to the Medicaid recipient. A hardship shall not be considered to exist if free transportation which is appropriate for the recipient's medical needs is available or if use of an operational household vehicle is available, appropriate, and is not used for commercial purposes; and

(e) the medical transportation provider, including a private automobile carrier, has a signed participation agreement with the Department for Medicaid Services.

(2) Locally authorized medical transportation shall be provided as necessary on an exceptional postauthorization basis with the additional limitation that the postauthorization shall be justified by the recipient indicating the need for medical transportation arose and was provided outside normal working hours and that payment for the transportation has not been made.

3. Determination of Necessity.

(1) All approvals for nonemergency transportation services and the provision of preauthorization and postauthorization, shall be made by the Department for Medicaid Services or by the Department's authorized representative.

(2) Only transportation within the medical service area shall be approved. Transportation services provided outside the medical service area shall be approved by the Department for Medicaid Services or the Department's authorized representative if the medical service required by the recipient is not available in that area and the recipient has been appropriately referred by a local medical provider.

(3) Only the least expensive available transportation suitable for the recipient's needs shall be approved.